## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| SERIAL NO.   | FILING DATE |
|--------------|-------------|
| APPLICANT(S) |             |

CLAIMS

|                 | AS FILED       |  |  | TER<br>NDMENT | AFTER 2nd AMENDMENT                              |                |  |
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| TOTAL<br>CLAIMS | 15             | 9,680  |  |               |  | 40 - 200       |  |

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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